

HEALTH SERVICES DEPARTMENT

I. DEPARTMENT MISSION

Contra Costa Health Services cares for and improves the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems and their consequences.

II. MAJOR PROGRAM DESCRIPTIONS

A. HOSPITAL & HEALTH CENTERS: PROGRAM DESCRIPTIONS

The Hospital and Health Centers Division includes the Contra Costa Regional Medical Center (CCRMC) and twelve Health Centers. CCRMC is a general acute care teaching hospital providing a full range of diagnostic and therapeutic services including emergency, medical, surgical, perinatal, pediatric and psychiatric services. Ancillary services include Diagnostic Imaging, Clinical Laboratory, Pharmacy, Rehabilitation and Cardiopulmonary Care. We are licensed to provide basic Emergency Care Services. In addition, a 24-hour Psychiatric Emergency Services Unit provides psychiatric evaluation and treatment. A network of twelve ambulatory health care centers provides family practice-oriented general medicine and specialty care for children, adults and older adults, including ancillary services.

BUDGET: \$253,539,414

FTE: 1,801

B. MENTAL HEALTH: PROGRAM DESCRIPTIONS

1. ADULT PROGRAM SERVICES

- a. Mental Health Services for adults are designed to be responsive to the changing needs of individuals through a single point of coordination and integration.
- b. Mental Health Clinics. Under the intensive community support model, mental health operates four clinics for adults. This model prioritizes the provision of services necessary for clients to live successfully in the community, thus avoiding costly hospitalization and/or institutionalization.

- c. CONREP (Conditional Release Program) is a community outpatient mental health program, designed especially for persons with mental disorders and special conditions of treatment ordered by Board of Prison Terms or the courts.

2. CHILDREN'S SERVICES

Children's Mental Health Services has established a System of Care (SOC) offering a continuum of services to meet the varied mental health needs of children, adolescents, and their families. The array of services offered in the SOC consists of various mental health programs and services from the most restrictive, institutionally based services (e.g., hospitalization) to the least restrictive, community-based services (e.g., early intervention and prevention programs).

3. MENTAL HEALTH CRISIS SERVICES

Mental Health Crisis Services, under the direction of the Crisis Services' Program Chief, is responsible for Psychiatric Emergency Services located at Contra Costa Regional Medical Center, a W & I Code 5150 Designated Facility; and Mental Health Access Services which includes the 24/7 Mental Health ACCESS Line under the Contra Costa Mental Health Plan, Crisis and Assessment Services, Psychiatric Consultation Liaison Service with Primary Care, and Hospital Liaison for Acute Services.

4. CARE MANAGEMENT SERVICES

Care Management Services, under the supervision of the Care Management Administrator, is responsible for monitoring performance outcomes, quality improvement and assurance, service authorization, utilization review, financial eligibility, regulation compliance, credentialing and certifying individual, group, and organizational Medi-Cal and Short-Doyle providers, and implementing HIPAA regulations.

BUDGET: \$89,984,433

FTE: 278

C. PUBLIC HEALTH: PROGRAM DESCRIPTIONS

The Public Health Division provides a range of clinical services and community outreach, family, maternal & child health, nutrition services and services for developmentally delayed children and adults, community-wide prevention programs and health data collection and assessment.

- 1. Clinical services provided include Well Child and Primary Care Pediatrics, Family Planning, Sexually Transmitted Diseases, Tuberculosis Clinics, Immunization, and HIV Testing and

Counseling. In addition, there are mobile community clinical services for homeless people and those without access to other sources of care.

2. Non-clinical direct services provided include the Family Maternal & Child Health Program that includes the Child Health & Disability Prevention Program, Prenatal Care Guidance, Comprehensive Perinatal Services Program, and Health Coverage Outreach and Enrollment Initiative. Other programs include the Women, Infants, and Children's (WIC) program, which provides monthly food vouchers to low income women and children, and Senior Nutrition Services, which serves hot lunches to seniors throughout the County as well as providing home delivered meals to homebound seniors and people with AIDS.

BUDGET: \$46,595,327

FTE: 410

D. ALCOHOL AND OTHER DRUGS SERVICES (AODS): PROGRAM DESCRIPTIONS

Advocates for alcohol and drug free communities by promoting individual and family responsibility, hope, and self-sufficiency. Programs include prevention, treatment, and special services.

BUDGET: \$21,798,688

FTE: 92

E. CONTRA COSTA HEALTH PLAN (CCHP): PROGRAM DESCRIPTIONS

CCHP is a County-operated, state-licensed, federally qualified Health Maintenance Organization (HMO). It utilizes Health Services Department programs for most of the health care provided to its members. These programs include services of the Hospital and Health Centers, Public Health (immunizations, CHDP services), Mental Health and Alcohol and Other Drugs Services. There are currently 60,079 persons managed by the Health Plan. Of those, 41,030 are public-funded members (Medi-Cal/Medicare); 15,609 members are from the following groups: County employees, IHSS, small businesses, individuals, Managed Risk Insurance Programs – AIM, Healthy Families, MRMIP; and 3,440 are County indigent patients (Basic Health Care).

BUDGET: \$122,844,654

FTE: 100

**F. ENVIRONMENTAL HEALTH AND HAZARDOUS MATERIALS:
PROGRAM DESCRIPTIONS**

1. ENVIRONMENTAL HEALTH

The staff of the Environmental Health Division is dedicated to serving and protecting the public health, safety, and environment for Contra Costa County residents and businesses. Environmental and Health Strategies include education, promotion, and the implementation of environmental health principles and laws designed to prevent disease and disability.

- a. Retail Food Protection Program: Ensures that purchased food is wholesome, and that it has been produced under conditions and practices that are safe and sanitary. Program staff inspect over 4,000 restaurants, markets, bakeries, schools, vehicles, mobile food preparation units and institutions in the County. Also, staff permits and inspects 300 annual temporary food events, investigates some 300 reported foodborne disease outbreaks, and provides food manager certification classes.
- b. Consumer Protection Program: Ensures that the County's public recreational swimming pools and spas are maintained and operated to prevent safety hazards and disease; and that new and remodeled food and pool facilities are constructed in compliance with appropriate laws and regulations.
- c. Land Use and Development Program: Safeguards and promotes public health by applying environmental health principles and laws to onsite wastewater management systems, installation and/or destruction of individual water wells and small water systems. On an annual basis, staff permit and inspect over 300 new or repaired onsite systems, and over 1000 new water wells, soil borings and monitoring wells. Designated a Local Primacy Agency by the California State Department of Health Services for the 160 small water systems in the County, staff complete the required inspections and monitoring reviews for the water systems.
- d. Solid and Medical Waste Management Program: Protects public health and safety by assuring proper storage and disposal of solid and medical waste. Certified as the Contra Costa County Local Enforcement Agency (LEA) by the California Integrated Waste Management Board, the Division enforces all state and local laws and regulations pertaining to owners and operators of solid waste landfills, transfer stations, and closed and/or inactive landfills in the County and the eighteen incorporated cities, except the City of

Pittsburg. The Medical Waste Program is also a local option program, and has been designated and certified as the Local Primacy Agency by the State Department of Health Services. The program also includes a nuisance abatement program that handles litter and refuse on properties.

2. HAZARDOUS MATERIALS PROGRAMS

As the State Certified Uniform Program Agency (CUPA) for all of Contra Costa County, staff of the Hazardous Materials Programs provide oversight, guidance, investigation and enforcement of the laws involving the handling, storage and processing of hazardous materials in order to assure that the health and safety of the community is not jeopardized. Programs include:

- a. Hazardous Waste Generator Program monitors facilities to ensure safe and legal handling, storage, and disposal of hazardous wastes.
- b. Underground Storage Tank Program regulates underground tanks that store hazardous materials that have the potential of leaking. These tanks must be registered, permitted, tested, and inspected. Contra Costa Health Services (CCHS) issues permits and regulates these facilities to ensure that tanks are monitored for leaks to prevent soil and ground water contamination.
- c. Hazardous Materials Release Response and Inventory Program and Uniform Fire Code Article 80.103(b) and (c) cover approximately 1,900 businesses in Contra Costa County, including major oil refineries and chemical plants.
- d. The California Accidental Release Prevention Program (CAL/ARPP) works to prevent the accidental release of "Acutely Hazardous Materials" (AHM) and to prepare for public protection in the event of a release.
- e. Spill Prevention, Control and Countermeasure Program (SPCC) works to assure that the 218 sites in Contra Costa that have above ground storage tanks which store or transport bulk hazardous materials have filed an SPCC plan with the State Water Resource Control Board.
- f. Incident Response Program provides emergency response staff on-call 24 hours a day to provide technical assistance and oversight at locations of chemical spills, illegal drug labs, pipeline leaks and illegal dumping of hazardous wastes or chemicals. Since 9/11 staff have been attending specialized courses and training with other agencies to coordinate responses to Weapons of Mass Destruction incidents.

- g. The Green Business Program (GBP) evaluates and determines which businesses handling hazardous materials in Contra Costa meet and exceed regulatory requirements and demonstrate resource conservation. In collaboration with 22 agencies throughout the County, the GBP performs inspections and assessments at the request of businesses. Those meeting the requirements are presented the Green Business Seal before the Board of Supervisors.

BUDGET: \$10,351,270

FTE: 74

G. EMERGENCY MEDICAL SERVICES (EMS): PROGRAM DESCRIPTION

Provides overall direction, planning, and monitoring for the County's pre-hospital Emergency Medical Service system. The EMS system consists of fire, ambulance, and related services that respond to 9-1-1 medical emergencies. EMS regulates emergency ambulance services and the County's trauma system; establishes pre-hospital treatment protocols and certifies pre-hospital personnel; approves and monitors paramedic programs and first-responder defibrillation programs; provides planning and coordination of medical disaster response; and reviews inter-facility patient transfers.

BUDGET: \$1,415,833

FTE: 6

H. FREESTANDING PROGRAMS: DESCRIPTIONS

PLEASE NOTE: Several programs have funding streams with such limited discretion that they are budgeted as freestanding programs, outside of other Division funding. These programs are as follows:

1. DETENTION FACILITY PROGRAMS

Provides medical and mental health services to the inmates of the County Adult and Juvenile Detention Facilities.

BUDGET: \$10,820,447

FTE: 56

2. CALIFORNIA CHILDREN'S SERVICES

Provides for the habilitation or rehabilitation of children with specific handicapping conditions who are in need of specialist care, and whose families are unable to wholly or partially pay for the care required.

BUDGET: \$6,444,491

FTE: 59

3. HOMELESS PROGRAMS

This system of care includes information and referral services, multi-service centers that provide case management and support services, outreach services to encampments, emergency shelter, transitional housing, and permanent supportive housing for adults, youth, and families. While the County program does not assume funding and management for all aspects of the continuum, it is the primary provider of emergency shelter for single adults and families, administers the Shelter Plus Care Program, and provides guidance and staff to the Continuum of Care Advisory Board.

BUDGET: \$6,460,841
FTE: 5

4. MAJOR RISK MEDICAL INSURANCE PROGRAM

The State of California contracts with the Contra Costa Health Plan to be a carrier for the Major Risk Medical Insurance Program (MRMIP). The State operates this program to provide health insurance coverage to California residents who are unable to obtain coverage on the open market. MRMIP also includes the Access to Infants and Mothers (AIM) Program that provides coverage to low income pregnant women.

BUDGET: \$578,084
FTE: 0

5. AB-75 SPECIAL FUNDS REVENUE (TOBACCO TAX)

The purpose of this program is to account for the receipt and disbursement of Cigarette and Tobacco Products Surtax fund allocations received in even-numbered years.

BUDGET: \$1,913,107
FTE: 0

6. CONSERVATOR/GUARDIANSHIP

The program has responsibility for controlling the financial affairs and coordinating daily support for clients who are mentally ill, frail elderly or otherwise deemed to be incapable of caring for themselves. State law mandates that the Public Conservator and the Public Guardian are responsible to the Board of Supervisors in the performance of these duties. Additionally, the program collects court-ordered Conservatorship related fees on behalf of other County departments.

BUDGET: \$1,407,386
FTE: 14

7. DOMESTIC VIOLENCE ASSISTANCE

This program provides emergency shelter for women and their children who are victims of domestic violence, sexual assault, and other crisis situations. Other services include counseling, health and social service assistance.

BUDGET: \$102,122

FTE: 0

8. AMBULANCE SPECIAL SERVICE FUNDS (MEASURE H SPECIAL REVENUE FUNDS)

Reduces deaths and complications resulting from medical emergencies in Contra Costa County by making needed improvements in the County's existing Emergency Medical Services System and assuring continued availability of high quality emergency medical and trauma care services throughout the County. Services include ambulance, EMS first responder, EMS communications, Hazardous Materials Program charges, a specified EMS position to oversee an expanded EMS program, and administrative and levy collections costs.

BUDGET: \$4,553,787

FTE: 1

I. CCHS DEPARTMENT DATA

EMPLOYEES BY CLASSIFICATION*

CLASS	ALLOCATED POSITIONS	PERCENT
Officials/Administrators	57	2%
Professionals	1169	46%
Technicians	356	14.1%
Protective Services Workers	43	2%
Para-Professionals	170	7%
Administrative Support	583	23.2%
Service/Maintenance	132	5.2%
TOTAL	2510	100%

EMPLOYEE PROFILE*

	Male	Female	Total	Percent
Caucasian	358	1034	1392	55%
Hispanic/Latino	73	253	326	13%
African American	91	301	392	16%
Pacific Is/Asian	94	283	377	15%
Native American	4	19	23	1%
Total	620	1890	2510	100%
Percent	25%	75%		

**Please note: This information was obtained from the Contra Costa Human Resources Department and the Contra Costa Workforce Report. It does not include contract or temporary employees.*

Information as of 2/25/03

III. DEPARTMENT ACCOMPLISHMENTS

A. HOSPITAL & HEALTH CENTERS: ACCOMPLISHMENTS

1. CONTRA COSTA REGIONAL MEDICAL CENTER

- a. Developed the Patient Safety Program and implemented a program plan implemented. Major components of the program are Medication Safety, Sentinel Event and Root Cause Analysis, Failure Modes and Effects Analysis, and Training and Prevention of Errors for all staff. This program is part of the quality Management Initiative of the Hospital and Health Centers.
- b. Revised Hospital and Health Center Disaster Plan to include bio-terrorism events and smallpox readiness plan.
- c. The Family Practice Residency at CCRMC is one of the oldest and most respected in California. We have been training Family Physicians since 1975 when our General Practice Internship was expanded, affiliated with UC Davis, and accredited by the American Board of Family Practice. Since then, we have enjoyed the opportunity to train over 175 physicians to practice broad spectrum Family Medicine. These physicians have practiced in Contra Costa and surrounding areas. In the last year, we attracted top students from medical schools around the nation because of our unique program. The fact that the program is based in

an integrated county health system that focuses upon comprehensive and continuous care to underserved populations is a strength that benefits both the residents and their patients. The opportunity to work in such a progressive health care system keeps the applicants interested and attracts our graduates to stay in the system and to maintain long-term therapeutic relationships with our patients.

- d. Developed many preventative care protocols and established designated Breast Care Clinics to address one of the most prevalent cancers in our patient population. We provide weekly support groups and educational workshops in conjunction with the Wellness Community. Volunteers from the Women's Cancer Resource Center attend our patients in clinic and provide home visits and support. Many types of cancer afflict our patients in Contra Costa. With the leadership of Dr. Sharon Hiner, the team of cancer therapists at CCRMC has developed a program that is able to meet the needs of our patients with excellence and caring. The Cancer Program is affiliated with UC Davis and CCRMC is a designated Cancer Treatment Center accredited by the Commission on Cancer. We participate in a number of multiple-site therapeutic trials designed to find the effective cancer treatments of the future. The program has maintained an extensive registry of cancer diagnoses within our system, and provides ongoing treatment and support for patients who suffer from cancer.
- e. PEP-C Patient Satisfaction Inpatient Survey for 2002 shows improvements in all key indicators. CCRMC is benchmarked against 113 other California hospitals. Significant improvement was shown in Continuity and Transition and Respect for Patient Preferences.

2. CONTRA COSTA HEALTH CENTERS

- a. The New Martinez Health Center, Building 1, opened for services on February 18, 2003. All specialty clinics have relocated to this brand new, three story, 60,000 square foot Health Center. To promote patient convenience and continuity of care, the following departments and services have also relocated: Outpatient Pharmacy, Cardiopulmonary, Dental Clinic, Infusion/Cancer Center with garden access, some Family Practice clinics, Nursing Services and Patient Education. For additional patient convenience, this building also features two laboratory draw stations, Diagnostic Imaging Services, and Registration at point-of-service.

- b. Facility improvements and expansion plans are finalized for Antioch Health Center (East County) and Concord Health Center (Central County). Both sites, which have been undergoing months of renovation, are expected to open this spring. The expansion doubles the capacity of available appointments at Antioch and triples capacity at Concord.
- c. Coordination and tracking of specialty referrals continued to improve. Access standards for new patient referrals to specialty clinics have been reassessed and a new policy developed and implemented that better identifies and tracks referrals when the needed appointment is not available within the desired timeframe. The policy is based on a system whereby the referring provider indicates the priority level of the specialty appointment, and the indicated patients receive an appointment based on the associated timeframe. Three staff members have been dedicated to the maintenance and monitoring of this tracking system including a Referral Coordinator and an Appointment Facilitator.
- d. Implemented an improved data management and reporting tool. Following the successful 2002 implementation of Cadence, the new Automated Scheduling System, the next priority then became developing Clarity, the system's reporting tool. Specific reporting needs were identified and as of October 2002, these statistics became available monthly. This new system has improved the availability and storage of accurate patient and provider encounter data. This information is critical for monitoring and identifying any trends, improvements and gaps in our appointment delivery system so that appropriate action may be taken.
- e. Hired 13 Certified Medical Assistants (CMAs) in March 2003, in a cost-saving effort to maximize use of support staff time and resources. These CMAs were hired to perform duties specific to this job classification. The ultimate goal is to offset significant time spent and resources used when employees of a higher classification, i.e. RNs or LVN, perform tasks that could be done more appropriately by lower paid CMA staff.
- f. Continued improvement of patient access to providers/provider representatives. In 2002, in an attempt to reduce the number of unnecessary patient visits to providers, Ambulatory Care launched the first phase of a program that will route patients' calls to the department and/or individual most likely able to address the issues. For example, instead of patients making appointments to get forms completed or medications renewed, they can call a regional number that will route their calls to the care

coordinator or the pharmacy, respectively. These phone trees are undergoing continued development this fiscal year, and new numbers will be published on the internet site, as well as on applicable printed patient materials including the CCRMC and Health Center Sites and Services Directory.

B. MENTAL HEALTH: ACCOMPLISHMENTS

1. ADULT SERVICES

- a. Developed and implemented a plan to expand services to County residents who are homeless and mentally ill through AB 2034 funding.
- b. Strengthened relationships and provided consultation to law enforcement in Concord to provide more appropriate care to mentally ill persons charged with minor crimes.
- c. Opened a consumer-run community center in East County.
- d. Provided three trainings throughout the County educating staff and consumers on the Mental Health Recovery Model.

2. CHILD & ADOLESCENT SERVICES

- a. The Mobile Response Team continues to demonstrate overwhelmingly successful outcomes in its work with Contra Costa County families. Overall, 93% of all crisis interventions and preventive actions with new clients resulted in stabilization without hospitalization.
- b. Therapeutic Behavioral Services (TBS), an intensive one-to-one intervention program for the highest-risk youngsters funded by Medi-Cal, successfully stabilized 34 clients in their current placement with no hospitalizations.
- c. Family Partners are going out to meet families who have been referred to the SMART teams as potential wraparound candidates and are working with the assigned team facilitator to orient families to the wraparound process and to the evaluation.
- d. Established a Social Marketing plan to increase community awareness of the issues, services and treatment of children's mental health issues.
- e. Developed a video entitled *Save the System of Care* to provide information and subsequent support for children's mental health services.

3. CARE MANAGEMENT SERVICES

- a. Implemented all committees and functions of the MHD's Quality Improvement Program.
- b. Assumed responsibility for utilization review functions for inpatient psychiatric services at CCRMC, with consequent

- revenue enhancement and reductions in administrative days.
- c. Expanded the availability of financial counselors to assist uninsured mental health consumers with access to all appropriate health coverage (Medi-Cal, Medicare, SSI, etc).
- d. Completed HIPAA gap analysis and first-level HIPAA training of all MHD employees.
- e. Increased the number and linguistic/cultural diversity of practitioners on the Provider Network thereby improving access to care.

4. CRISIS SERVICES

- a. Psychiatric Emergency Services. Expanded the role of the Hospital Liaison to help prevent no-shows and repeat visits to high cost services. The Liaison will contact clients who have been given an appointment with a regionally based Crisis & Assessment Team or discharged from Psychiatric Emergency Services and Inpatient Psychiatry.

5. MENTAL HEALTH ACCESS SERVICES

- a. Expanded provider choices given to mental health consumers to three under the Contra Costa Mental Health Plan.
- b. Expanded urgent care/emergent drop-in capacity in the three County regions to five days a week, with Contra Costa Regional Medical Center's Psychiatric Emergency Service offering this service for evenings and weekends.
- c. Spanish as the threshold language is offered in all three County regions for mental health assessments.

6. INTEGRATED PROJECT

- a. SAMHWORKs Program (substance abuse and mental health services for CalWORKs participants) completed its third year of implementation in collaboration with the Alcohol and Other Drugs Division. The program continues to work closely with the Employment and Human Services Department in helping CalWORKs participants remove barriers to employment.
 - 1) Provided substance abuse and/or mental health assessments for approximately 450 CalWORKs participants and made appropriate referrals to substance abuse and mental health treatment.
 - 2) Provided domestic violence client support groups and case consultation with STAND! Against Domestic Violence at perinatal treatment programs.

- 3) Conducted trainings for Employment Specialists to improve identification of mental health and substance abuse problems among CalWORKs participants.

C. PUBLIC HEALTH: ACCOMPLISHMENTS

1. COMMUNICABLE DISEASES

- a. Public Health Epidemiology, Surveillance and Health Data
Public Health Epidemiology gathers information about disease and health incidence and prevalence throughout the County.
- b. Limited English Access Program (LEAP)
Nine Medical Interpreters/Community Health Workers (Chinese, Farsi, Lao, Mien, Khmu, Russian, Vietnamese languages) provided services to clients of the Health Services Department in regularly scheduled language-specific clinics (approximately 7,000 patient visits).
- c. Tuberculosis Control
Monitors and insures the control of TB throughout the County by administering and assessing TB tests, monitoring medication, and providing education to the public.
- d. Communicable Disease Control
Reacts to and treats communicable diseases that may endanger public health including mass inoculations, education, monitoring and necessary reporting.
- e. Immunization Assistance Program/Immunization Registry
 - 1) The immunization status of children under three years old is currently being assessed at all WIC centers in Contra Costa.
 - 2) Contra Costa Automated Immunization Registry (CCAIR) was one of three programs nationwide to receive the honorable mention award from the National Association of Public Hospitals and Health Systems (NAPH) for addressing health disparities using innovations in technology.
 - 3) Immunization rates for children (as measured by the Health Plan Standard and the CDC standard measures) have increased for the fourth year in a row.

- f. Health on Wheels (HOW)
A mobile health clinic, the HOW Van provides preventive health services, including immunizations, TB and HIV testing, and increased access to health care for residents throughout West County neighborhoods.
- g. AIDS Program
The AIDS program provides direct services to patients with AIDS. These services include psycho-social and medical treatment regardless of health coverage or ability to pay.

2. COMMUNITY WELLNESS & PREVENTION

- a. Asthma Project (AP)
The California Endowment awarded CW&PP \$450,000 over three years to develop an asthma coalition in West County to address environmental policy changes relating to asthma triggers. This new coalition is being developed in collaboration with community residents, representatives from community-based organizations, government and industry. In addition, 18 community residents, from teens to senior citizens, were recruited and trained to be asthma community advocates. These advocates provide outreach and education about asthma, asthma triggers, and ways to reduce risk. They also assist in identifying and referring parents of children with asthma to medical care.
- b. Community Education and Information (CEI)
The Community Education and Information Unit (CEI) drafted and issued 120 press releases, many also posted on our Websites. They resulted in more than 75 print, broadcast and online stories. We also issued 24 alerts to West County community organizations via our group fax system, which is now expanding Countywide.
- c. Healthy Neighborhood Project (HNP)
HNP conducted an Environmental Justice Town Hall meeting in collaboration with community partners under the Partnership for the Public's Health project. The Town Hall meetings focused on land use & air pollution, Chevron's Title V permit, and the Community Warning System. HNP also collaborated with AOD staff to initiate an Alcohol Policy Work Group. The APWG is working with the Alcohol Beverage Control office and Supervisor Gioia's office to monitor local liquor outlets and support the effective implementation of the Deemed Approved Ordinance. HNP also worked with CW&PP programs to conduct a series of House Parties on chronic disease prevention strategies and will provide support to implement a childhood obesity treatment and prevention program, the New Kids Project. HNP also

conducted an illegal dumping training in East County in collaboration with the City of Pittsburg.

d. Injury Prevention Project (IPP)

- 1) The IPP distributed 974 bicycle helmets to low-income Contra Costa children. The IPP supported 4 Bike Rodeos throughout Contra Costa to help children learn to ride their bicycles safely.
- 2) IPP facilitated one of the first Walk to School Days in Contra Costa County on October 2, 2002. Eleven West Contra Costa schools participated, submitting 351 "walkability checklists" that identified neighborhood hazards. Departments will work to correct these hazards.
- 3) IPP conducted 354 individual car seat check ups, distributed 300 car seats, 471 reduced-cost car seat vouchers, and trained 595 parents and 20 staff regarding the selection, proper use and installation of car seats.
- 4) IPP completed its assessment of traffic safety risks in Richmond's Iron Triangle, Old Town San Pablo, and El Sobrante. Findings have been developed for publication. A funding application has been submitted to Cal Trans to develop traffic safety plans in two neighborhoods and create a regional public information campaign.

e. Lead Poisoning Prevention Project (LPPP)

- 1) Educating the community at large about the risks of lead poisoning is one of our primary goals. While the incidence of lead poisoning has been declining in Contra Costa County, our program continues to identify poisoned children every year with the help of staff, First Baptist Head Start staff, Healthy Neighborhoods community organizers, and WIC program nutrition staff.
- 2) Our health educator developed a collaborative project with WIC to inform participants about lead hazards. This project was presented as a "Best Practice" during a California Head Start Conference and was shared with CDC as a model for the nation.
- 3) LPPP participated in 19 community outreach and education events throughout the County. At the Monument Corridor Health Fair we provided free lead testing and tested over 20 at-risk children.
- 4) We also launched a website with links to State and National resources. An average of three phone calls per month come to our program through this new resource.

f. Nutrition and Food Security Project

- 1) In order to provide nutrition education to "hard to reach" residents, we funded mini-grants to three community

agencies to provide nutrition education and food demonstrations to their priority populations.

- 2) To reach Contra Costa residents at large, with a focus on lower income households and individuals, Nutrition staff conducted workshops, food demonstrations, and community and school events reaching approximately 18,000 Contra Costa residents.
- 3) In order to influence “social norms” around healthy eating and physical activity practices, we produced a PSA and purchased cable airtime to broadcast the PSA 175 times on *Black Entertainment Television (BET)* and *Galavisión* (Spanish language television).
- 4) To help young children at risk for obesity, we provided funding and staff support to train nearly 40 child care providers in engaging the children in their care in active play.
- 5) To make affordable fresh fruits and vegetables readily available in West Contra Costa neighborhoods, we entered into a partnership with the Community Alliance with Family Farmers to plan and seek funding for community supported farm-stands to begin in late Spring 2003.

g. Tobacco Prevention Project (TPP)

The Board of Supervisors approved the Tobacco Retailer License Ordinance in January 2003. In collaboration with the TeenAge Program of Family, Maternal and Child Health, the TPP developed a West County youth group, Empowerment Through Action (ETA), and a Bay Point Youth Group, Youth Power. ETA successfully advocated for enforcement of youth-related tobacco laws in the City of Richmond, and is working with the adult Tobacco Prevention Coalition to advocate for passage of the Tobacco Free Youth Ordinance in San Pablo and Hercules. TPP collaborated with the Sheriff's Office to increase enforcement of the Smokefree Workplace Law (LC 6404.5), No Sales to Minors Law (PC308a), and the Tobacco-Free Youth Ordinance, producing a community public service announcement on reporting Sales to Minors violations. Provided technical assistance to cities on enforcing tobacco laws. Trained 35 home visitors in the Welcome Home Baby program of Employment and Human Services and 22 Asthma Community Advocates, under CW&PP's Asthma Program, on how to work with families to keep homes and vehicles smoke free for children. Trained 25 Dental Hygiene students on how to counsel dental patients to stop smoking.

- h. Violence Prevention Project (VPP)
The Violence Prevention Project (VPP) conducted training for 30 representatives of the faith community about how to talk to their congregations about domestic violence. VPP contracted with three community-based organizations to conduct local youth summits and identify violence issues important to youth. VPP worked with STAND to train medical residents and emergency room personnel about domestic violence assessment.
- i. Women's Health Partnership (WHP)
A new coalition based upon the work by the highly successful Breast Cancer Partnership is in the formation process. The focus of the coalition will be to address health disparities related to breast, cervical and other reproductive cancers. Staffing for this coalition is being funded through CAP HRSA funds.

3. FAMILY, MATERNAL, AND CHILD HEALTH

- a. Eighty-nine percent of women in Contra Costa entered prenatal care in the first trimester.
- b. Several reports on perinatal data were compiled for community partners and internal programs, including the Contra Costa MCAH Data Report.
- c. Funding was secured from the Contra Costa Children and Families Commission for the Prenatal Care Guidance Program, a Perinatal Tobacco Project, and for a team of 10 individuals to attend MCAH Action Working in Partnership, Perinatal Substance Abuse Conference.
- d. Planned and presented a one-day Regional HIV Update for 160 health care providers in collaboration with Alameda County Public Health, the Family Care Network and Contra Costa AIDS Program.
- e. Collaborated with Alameda Breastfeeding Task Force to sponsor the Guinness World Record Event with 1100 mothers breastfeeding simultaneously.
- f. Published the first edition of the FMCH quarterly adolescent health newsletter, *Community Youth Focus*.
- g. Received funding for six full scholarships to the California Center's Youth-Full Government Training Program.
- h. Established a partnership with the John Muir/Mt. Diablo Community Health Alliance and two community-based dental clinics to implement the Ronald Mc Donald Care Mobile.
- i. Awarded a grant for \$25,000 from the March of Dimes for FIMR Program to implement a Community Folic Acid Campaign.

- j. Secured \$21,000 in funding from the Keller Canyon Mitigation Funds to serve youth in East Contra Costa County through our TeenAge Program.

4. PUBLIC HEALTH LABORATORY

- a. The Public Health Laboratory has used Federal and State bioterrorism grant funds to obtain equipment that provides real-time, rapid detection and identification of bioterrorism agents in as little as 2-3 hours after delivery to the laboratory. This equipment is also being used to provide rapid testing for foodborne pathogens such as Salmonella and pathogenic E. coli and sexually transmitted diseases such as Herpes simplex virus. This new equipment will be used this summer to provide rapid testing for West Nile Virus in patients and mosquito pools if the virus enters the County.

5. COMMUNITY HEALTH ASSESSMENT, PLANNING AND EVALUATION (CHAPE) GROUP

- a. Assisted in the creation of Maternal, Child & Adolescent Health in Contra Costa County 1991-1999.
- b. Assisted in the development and management of databases for many programs including Dental Sealant, Breastfeeding Counseling, and Injury Prevention projects.
- c. Acted as the Principal Investigator for the Childhood Asthma Management Program (CAMP) funded by the Robert Wood Johnson Foundation.
- d. Developed data web pages for births, deaths and demographic data.
- e. Developed methodology for collecting car seat data using Palm Pilots.
- f. Facilitated meetings of the Bay Area Regional Health Inequities Group.
- g. Completed the analysis for the Medi-Cal Perinatal Outreach Project (MCPOP) and prepared Countywide report.
- h. Conducted the evaluation of several projects including the Tobacco Prevention Project and the Childhood Asthma Management Program.

6. SENIOR NUTRITION

The Senior Nutrition Program provides approximately 1800 nutritious daily meals Countywide for seniors 60 years of age or older and for AIDS/HIV patients. Meals are served in a congregate setting at 21 Senior Dining Cafés located in senior and community centers throughout the County. For homebound individuals, “Meals on Wheels” volunteer drivers run 60 delivery routes Countywide.

D. ALCOHOL AND OTHER DRUGS SERVICES: ACCOMPLISHMENTS

1. ADMINISTRATION

- a. Initiated and completed a RFP process that will insure best practices in prevention programs.
- b. Initiated advocacy, planning and design to rebuild Discovery House thereby expanding access to treatment.
- c. Continued to effectively pursue various inter and intra departmental service integration/collaboration initiatives.
- d. Developed measurable Performance Outcomes (refer to Section V).
- e. Planned and helped initiate Proposition 10 funding for high-risk pregnant and parenting women.

2. ACCESS

The ACCESS unit, acting as a single point of contact (800-846-1652), provides information, waitlist management and referral services to County and contracted AOD treatment services. ACCESS operates in a paperless, fully electronic environment. A weekly report (Windows format) generates service and waitlist data in a user-friendly format. IS staff are helping staff shift from a Windows environment to a Lotus Domino Database application. This development will significantly improve efficiency and accuracy of data collection and reporting.

3. RESIDENTIAL TREATMENT (County-operated or contract programs)

Providers include Adolescent Treatment Centers (Thunder Road), Bi-Bett (Diablo Valley Ranch, Ozanam, Wollam House), Discovery House, Neighborhood House of North Richmond (Fauerso), Sunrise House, and Ujima Family Recovery Services (The Rectory, La Casa Ujima, Ujima Transitional).

- a. Implemented the use of a Standardized Client Satisfaction Survey administered to all AODS System of Care adult treatment clients.

- b. Served more than 350 state parolees in treatment programs and reduced relapse to addiction and recidivism to state prison by more than 60%.
- c. Facilitated by the Pacheco Boulevard Realignment Project, the Discovery House will expand residential treatment services for men from 24 to 40 beds. The environmental compliance requirements and land acquisition necessary for this project were coordinated by the Public Works Department in concert with AOD Services and Health Services Finance. Construction (Bond financed) begins in mid-2003.

4. OUTPATIENT TREATMENT (County-operated or contract programs)

Providers include Asian Pacific Psychological Services (San Pablo), Center Point (El Cerrito), Discovery Counseling Center of San Ramon Valley (South County), New Connections (Concord and Pittsburg), Reach (Antioch and Brentwood), Reach Family Alliance (Brentwood and Oakley), Sojourne (Richmond), Tri-Cities (Pinole), Ujima Family Recovery Services (Richmond and Pittsburg), and Phoenix Programs (with one location in each of the three sections of the County).

- a. Treatment services are provided to adult men, women, youth/children, and pregnant/parenting women. We served approximately 3,400 individuals in all of our outpatient programs.

5. BORN FREE PROGRAM

An outpatient, County-operated treatment and recovery program for pregnant and/or parenting women, located in West, Central and East County.

- a. Served 180 women per year and 210 children of the participants. Born Free graduated 35 women this year.
- b. Retention has improved; the average length of stay for participants was 100 days.
- c. Born Free intensified services this year, providing at least nine hours of participant services per week, which is equivalent to State ADP Intensive Day Treatment standards.
- d. A Born Free Counselor is allocated to the CCRMC prenatal clinic four hours per week during its operation to assess, intervene and refer prenatal patients who are using, abusing and/or are dependent on alcohol and other substances.
- e. Countywide, Born Free continues to formalize a relationship with Prenatal Care Guidance and Healthy Start as part of a comprehensive and seamless team providing prenatal and parenting care.

6. CRIMINAL JUSTICE SERVICES (CJS)

The three CJS counseling sites continued to provide quality intervention and treatment to DUI offenders and Proposition 36 clients, currently serving almost 1,900 active clients. As part of the Department's cost saving measures, the West County site will be closed. In order to continue its focus on revenue collection, the CJS Business Office is working with the Franchise Tax Board to collect bad DUI debt through tax intercept.

7. YOUTH TREATMENT

Providers include New Connections (Concord and Pittsburg), Reach (Antioch, Brentwood and Oakley), Sojourne (Richmond), Tri-Cities (Pinole), two Juvenile Drug Courts – Achieve operated by Reach in East County and Choices, operated by New Connections in West County.

Youth treatment includes family-centered, community-based alcohol and drug addiction recovery services within a continuum of care and a public health approach to substance abuse problems. Treatment includes screening, assessment, individual, group, and family counseling, drug testing and after-care services.

Since 1999 when the Alcohol and Other Drugs Advisory Board and the Division conducted the Youth Treatment Access and Utilization Study, a significant increase in youth treatment clients has grown from 99 to an estimated 700 admissions by the end of this fiscal year. The increase suggests that shifting from universal to indicated prevention strategies in high risk environments contributes to early identification and referrals to treatment.

- a. For the period July 2002 through February 2003 data shows 271 unique youth outpatient treatment admissions with another 463 admissions projected by the end of the fiscal year; 9 unduplicated youth residential treatment admissions with another 15 projected by July 2003. These data do not include Juvenile Drug Court clients.
- b. In compliance with the 2002 California Alcohol and Drug Program Youth Treatment Guidelines and the Division's Youth, Family and Community System of Care design submitted to the State in April 1999, treatment providers are gradually shifting to evidence-based and cost effective methods such as the American Society of Addiction Medicine (ASAM) placement criteria and the use of the electronic version of the Addiction Severity Index (ASI), a standardized assessment and treatment plan instrument.
- c. Improved the use of the Division's management information system to track program and client data. The objective is to

better monitor the type and quality of service activities, client retention rates, completion of satisfactory treatment and staff productivity. This information has been extremely useful to the negotiation of fee rates, setting levels of service, and determining performance standards.

- d. The Division has developed a Memorandum of Agreement between the Juvenile Probation Department, the Office of Education-Youth Development Program and Children's Mental Health Services to provide onsite treatment services at the Orin Allen Youth Rehabilitation Facility. After care and case management services are more coordinated for youth released back to the community. To date, over 200 incarcerated youth have been provided AOD treatment while serving time at the Ranch.

8. JUVENILE DRUG COURTS

The Juvenile Drug Court Programs provide court-supervised, family-focused substance abuse treatment. In West County, Choices is an intensive day treatment program operated by New Connections and is primarily funded by Short Doyle, Medi-Cal EPSDT and federal funds from the Drug Court Office of Criminal Justice Implementation and Enhancement Grants. Last November, the East County Drug Court began its operations. Reach's Project Achieve was competitively selected through an RFP process to provide outpatient treatment linked to school, police and other local youth services. Achieve is funded 50% by the California Alcohol and Drug Program Comprehensive Drug Court Implementation Grant and 50% by the Juvenile Accountability Incentive Block Grant administered by the Governor's Office of Criminal Justice Planning and Contra Costa County's Probation Department.

- a. For the period July 2002 through February 2003, 14 unique youth clients were admitted to Choices, with projections to admit another 24 clients by the end of the fiscal year. Since the East County Drug Court began in November, Project Achieve has admitted nine unique clients and expects to admit another 15 by July 2003.
- b. Since its inception in April 2000, the West County Drug Court Treatment program has graduated 20 clients, more than 200 youth and their families have been screened as potential candidates for drug court and close to 100 have been admitted to the program. Since last November, the East County Drug Court has screened more than 20 youth and their families.
- c. Since its inception the County Juvenile Drug Court clients that do not "test clean" are placed in residential treatment; long term is funded by Probation and short term is funded by

the Division's Youth Treatment allocation and the Judicial Council of California Administrative Office of the Courts Grant Program. Upon successful completion, clients go back into the Drug Court Treatment Program until graduation.

- d. The Juvenile Drug Court Steering Committee under the guidance of core partners and Drug Court Coordinator developed a policies and procedures manual for each region and are currently refining data collection systems. Steering Committee members and Drug Court staff have attended local and national training conferences, including a Confidentiality Training Workshop coordinated by the Superior Court.

9. PREVENTION PROGRAM

The Alcohol and Other Drugs Services Division's Youth, Family and Community prevention services providers served an estimated 18,200 unduplicated participants.

- a. Successfully completed the Request For Proposals (RFP) for alcohol and other drug prevention services. As recommended by the Board of Supervisors, the RFP reallocated existing services to maximize resources by utilizing criteria based on equitable distribution, cost effectiveness and clear articulation of outcomes. Measurable and achievable goals are defined as stipulated by the Best Practices programs.
- b. Conducted the first "Youth Family and Community Institute" for 75 contract and County prevention specialists and counselors. The five-day training followed the directive of the Board of Supervisors to build the capacity of current and new providers for efficient implementation of Best Practices.
- c. We continued providing individualized technical support through California's Alcohol and Drug Programs (ADP), to County and contract providers to ensure the level of fidelity of each Best Practice programs and coordinate and collaborate within the youth, family and community system of care.
- d. Consistent with current scientific research, during this fiscal year we began the implementation of the Dare To Be You Best Practice program to build the resilience of young children. Prevention services were provided at various Head Start centers for children and their parents. Prevention Services continued at Orin Allen Youth Ranch, Edgar Center, the Summit Center and Chris Adams Center, with the support of Mental Health, the Probation Department and the County Office of Education.

- e. Environmental intervention strategies to decrease alcohol over-saturation, alcohol sales to minors, and irresponsible sales of alcohol were heightened, working in partnership with the Department of Alcoholic Beverage Control (ABC) and Public Health's Healthy Neighborhoods Project. During Alcohol Awareness Month, seven different sites throughout the County conducted approximately 180 alcohol screenings.

10. PROPOSITION 36 - Substance Abuse Crime Prevention Act (SACPA)

The California electorate approved the SUBSTANCE ABUSE CRIME PREVENTION ACT OF 2000 (Prop 36) in November of 2000. This statewide initiative allocates funding for substance abuse treatment services to non-violent drug offenders involved with the Criminal Justice System. Prop 36 creates new public policy designed to divert non-violent drug offenders from incarceration (County/State) into community-based substance abuse treatment programs. The Prop 36 program in Contra Costa County has the cooperation of three main governmental agencies: AOD Services Division, County Probation, and the Superior Court. Eligible defendants (and probation/parole violators) are screened and referred to contract and County-managed substance abuse treatment programs (detox, outpatient, and residential), and must follow guidelines concerning program attendance and completion before their drug-related offense can be dismissed.

- a. A post-treatment Relapse Prevention program has been completed with a special emphasis on the needs of Dual Recovery (dual diagnosis) clients.
- b. Probation and AOD cooperate at the Recovery Gateway Unit, and all referrals to treatment programs flow through the ACCESS program [see Item III.D.2., above], thus integrating AOD programming to a greater degree.
- c. The AOD Services Division has a cadre of Prop 36 Program case managers who monitor criminal justice clients' progress from the initial court appearance (or decision by the Probation Officer or Parole Agent to refer), until the person completes the Relapse Prevention component and is either ruled a treatment failure (and recycled back to the Court for adjudication) or until they successfully complete the program (and their case is dismissed or their violation is rescinded).

[NOTE: In Contra Costa County, Prop 36 programming has effectively subsumed the niche formerly occupied by the STAR Drug Court program.]

- d. Proposition 36 Program Goals and Objectives:
- 1) Goals
 - To provide substance abuse intervention education and treatment for Prop 36 program participants in a manner that is consistent with community safety.
 - To reduce substance abuse and criminal recidivism among Prop 36 program participants.
 - 2) Objectives:
 - To serve a minimum of 800 unduplicated Court referrals in FY 02-03
 - To increase participants' understanding of the addiction process and the negative impacts associated with the abuse of drugs and alcohol.
 - To create positive changes in participants' attitudes, thinking patterns and behavior that lead to a reduction in substance abuse and criminal activity.
 - To improve participants' social and personal coping skills and to create an environment for change in which responsible decision-making and viable lifestyle changes are acceptable.
 - To help and encourage participants to explore healthy lifestyles and continue abstinence and recovery.

11. SUBSTANCE ABUSE TREATMENT AND TESTING
ACCOUNTABILITY (SATTA) PROGRAM

Senate Bill #223 created SATTA that is designed to act in support of County Proposition 36 (SACPA) programs. Through this program, the AOD Services Division ensures greater compliance and earlier remedial intervention for the criminal justice clients served by AOD, Probation, and the Superior Court under Prop 36.

- a. SATTA funding (\$78,000) will allow the implementation of a random UA testing scheme administered and operated through three existing Prop 36 programming sites (i.e., service providers on contract to the County).
- b. Due to the severity of addiction and mental health indicators prominent among our SACPA referrals, another portion of the SATTA funding (\$141,228) will be used to create synchrony between AOD, Probation, and the Courts with respect to the referral, treatment, supervision, case management, medication support, and treatment of clients with substance abuse and other diagnoses.
- c. The AOD Services Division's SATTA funds will enhance the impact of the Prop 36 program for our Dual Recovery clients, and help to insure that clients who may relapse will be identified early – or will be convinced not to risk using while

in the Prop 36 program – knowing that there is another effective random urinalysis program.

d. SATTA Program Goals and Objectives:

1) Goals:

- To provide random rapid analysis drug testing services to all Prop 36 Court referrals.
- To use random testing as a relapse prevention tool that will support the recovery process.

2) Objectives:

- To perform at least 6,000 individual tests and report all results to the Courts and Probation.
- To analyze program results and use the rate of negative and positive testing to be used as one measure of treatment efficacy.

12. RESIDENTIAL DETOXIFICATION

Facilities provide a 24-hour, non-medical milieu to withdraw from alcohol and or other drugs. These programs are usually three to seven days in length. Clients are monitored, informed, engaged and referred to longer-term treatment programs. Providers include Bi-Bett (Shennum Detox and East County Detox) and Neighborhood House of North Richmond (Holloman Detox).

13. NARCOTIC TREATMENT SERVICES

Detoxification treatment involves narcotic replacement (methadone) therapy used in decreasing, medically determined dosage levels for a period not more than 21 days, to reduce or eliminate opiate addiction. Clients are provided with various types of counseling services, including HIV/AIDS testing and counseling, and medical assessment. Maintenance means that narcotic replacement is used in sustained, stable, medically determined dosage levels for a period in excess of 21 days, to reduce or eliminate chronic opiate addiction. This year we served approximately 2,300 individuals in Narcotic Treatment.

14. ALCOHOL AND OTHER DRUGS ADVISORY BOARD

- a. Increased focus to reduce the alcohol density in some communities by working with residents in partnership with the Alcoholic Beverage Control (ABC), school superintendents, and other local decision-making bodies. Supported the development of the Deemed Approved Ordinance.
- b. Supported and advocated the implementation of Rosemary Corbin House (a program of Ujima Family Recovery Services), a project funded through the Children and

- Families Commission grant to provide treatment services to women and their children.
- c. Continued advocacy to the Board of Supervisors to recommend two issues for the County lobbyist concerning the Parity Act and to develop a tracking system for underutilization of Healthy Families benefits for youth who suffer from substance abuse.
- d. Participated in the State's Little Hoover Commission to provide input and recommendations towards a State study of Substance Abuse Addiction.

15. SAMHWORKs PROGRAM

The SAMHWORKs Program (substance abuse and mental health services for CalWORKs participants) completed its third year of work in collaboration with the Mental Health Division. We continue to work closely with the Employment and Human Services Department in helping CalWORKs participants remove barriers to employment.

- a. Provided substance abuse and/or mental health assessments for approximately 600 CalWORKs participants, referring 450 to substance abuse and mental health treatment.
- b. Provided domestic violence client support groups and case consultation with STAND! Against Domestic Violence at perinatal treatment programs.
- c. Conducted trainings for Employment Specialists on the topics of identification of mental health and substance abuse problems among CalWORKs participants. Conducted trainings for approximately 150 AODS and Mental Health staff on the topics of "Trauma-Informed Treatment For Substance Abusing Women And Their Children," and "Motivational Interviewing."

16. PROP 10/ FIRST 5 OF CONTRA COSTA CHILDREN & FAMILIES COMMISSION

Alcohol & Other Drugs Services (in collaboration with Employment and Human Services) receives funding from First 5 Contra Costa Children & Families Commission for the provision of residential treatment for women and their children (ages 0-5). The residential program, Rosemary Corbin House, is operated by Ujima Family Recovery Services, and operates with a full therapeutic children's program, specifically for women who are involved in the Child Welfare System. The program served 12 women and 15 children during the report period. In addition to residential treatment, new service components were added:

- a. After Care counseling for women who complete the residential treatment program.
- b. Transitional Support Services that assists clients in locating affordable housing and providing start-up costs (first/last month rent/security deposit).

17. **COMPLIANCE PROGRAM**

The AODS Division set up a Compliance Committee consisting of the entire management team. Meetings occur monthly or more often, as necessary. The Division responded to the Department's requirement to train all personnel concerning the fraud and abuse issues covered in the new "Compliance Program Manual" and "Code of Conduct." As of March 14, 2003, all AODS Division personnel have been trained, received the documentation, and signed the forms for record.

E. CONTRA COSTA HEALTH PLAN: ACCOMPLISHMENTS

1. **ACCESS ENHANCEMENT**

- a. The number of primary care physicians available to CCHP members increased by 17%.
- b. Community provider reimbursements were increased.
- c. The Provider Bonus Program was implemented to reward community providers for access and participation in peer review meetings.

2. **ADVICE NURSE PROGRAM**

- a. The number of abandoned or lost calls was reduced from 40% to 27% --195,000 calls answered for the year.
- b. The Cadence appointment system implementation was completed. This allows advice nurses to schedule appointments at health centers and the hospital.
- c. Two registered nurses in the program became certified in telephone triage.

3. **ASTHMA DISEASE MANAGEMENT**

- a. The rate of adherence to medications doubled through targeted case management.
- b. The number of home visits or contacts to members with asthma increased to over 600 visits over the past year.
- c. Participated in training community asthma advocates.

4. **AUTHORIZATION/UTILIZATION**

- a. Multiple vendor agreements were re-negotiated to reduce rates and costs.

- b. 90% of all authorization requests were processed within regulatory timelines.
 - c. Mental Health Inpatient stays were reduced by 244 days per thousand for Senior Health. Hospital Inpatient stays were reduced by 15 days per thousand for all of CCHP.
- 5. BUSINESS SERVICES UNIT SUPPORT
 - a. Answered hundreds of provider phone calls.
 - b. Updated and streamlined claims denial letters and claims processing.
 - c. Implemented a training program that cross-trained staff to have a secondary product line specialty (i.e. Medicare, Medi-Cal, etc.).
- 6. CALIFORNIA CHILDREN'S SERVICES (CCS)
 - a. Diabetes and Cystic Fibrosis prescriptions identified children with these diagnoses and automatically determined them CCS eligible. Earlier identification means early referral to CCS covered programs.
 - b. Increased CCS referrals by 231 children for the year.
 - c. Identified CCS newborns, many in neonatal, saving over \$21,514 in 6 months.
- 7. CLAIMS
 - a. Significantly reduced backlog of claims needing to be processed.
 - b. Increased staff satisfaction. There were fewer sick leaves and higher productivity levels.
- 8. CONTRACTS
 - a. Reduced management audit deficiencies from eight major to one.
 - b. Reduced contract backlog.
- 9. COOPERATIVE CARE MANAGEMENT
 - a. Identified two major diagnostic categories to re-direct pharmacy costs to appropriate payor (approximately \$9,728 per month savings).
 - b. Redirected pharmacy and other costs to appropriate payors. This accounts for an estimated savings of \$221,736 per year.
 - c. Instituted a system that attaches newborn claims to mother's Social Security number, which in turn allows CCHP to bill the appropriate payor.

10. FINANCE
 - a. Implemented Revenue Recovery Program with a result of a \$597,00 increase in revenue.
 - b. Upgraded the mechanism for tracking Commercial premiums received.
11. GOVERNMENT RELATIONS AND COMPLIANCE
 - a. Obtained federal CMS (Center for Medicare and Medicaid Services) approval for changes in Senior Health programs. These programs went through a major benefit redesign, effective January 2003, which improved cost controls.
 - b. Filed Material Modification to implement Preferred Drug List as key strategy for managing pharmacy costs.
 - c. Converted to e-filing for Department of Managed Health Care required submissions.
12. HEALTH EDUCATION/CULTURAL LINGUISTICS
 - a. Developed a draft plan for Health Services on diversity, health disparities, and cultural and linguistic competence.
 - b. Created a compliance plan for federal and state Cultural and Linguistic requirements.
 - c. Identified and documented County-wide Health Education resources.
13. MARKETING
 - a. Maintained Medi-Cal market share at 88%.
 - b. Based on enrollment, 60,000 lives were touched.
 - c. Record growth in membership -- 2,500 in Healthy Families, 1,500 In-Home Support Services workers, and 800 Senior Health members.
14. MEMBER SERVICES
 - a. Improved Welcome Call reporting by using alternative data sources to improve the reliability of new member phone numbers.
 - b. Completed Benefits, Exclusions and Limitations (BEL) chart. All CCHP employees now have consistent benefits information so they can provide consistent answers about benefits.
15. MEMBERSHIP MAINTENANCE UNIT
 - a. Implemented the Automated Call Distribution phone system so that callers go to the first available representative instead of rolling from one number to the next. This also improved messaging information while on hold.

- b. Senior enrollment was doubled.

16. PERINATAL

- a. First prenatal visit 4 weeks earlier/postpartum visits up 2.3%.
- b. Decreased NICU admissions by .75%.
- c. Increased collaboration with over 26 area agencies.

17. PHARMACY

- a. Implemented Preferred Drug List (PDL) and e-Pocrates, which is an online reference of not only our PDL, but also tells providers of possible drug interactions before they prescribe a new drug.
- b. Prior Authorization Requests, increased from 200 to 900, which helped manage costs.
- c. Began effort to affect prescribing habits. Staff called providers who typically prescribe very expensive medications and asked them to try the less expensive version if it was appropriate for their patients. With just a few phone calls, over \$12,000 was saved without increased administrative burden.

18. PLANNING

- a. CCHP Orientation Handbook and Training completed for all CCHP employees.
- b. CCHP made its first appearance in the Medicare Guide to HMOs.

19. QUALITY

- a. Three of the HEDIS measures now exceed California Department of Health Services (DHS) standards.
- b. Facility Site Review -- The Department of Health Services certified one of our Quality nurses as a Master Trainer for facility site reviews, when the nurse visits provider offices to encourage compliance with regulations and standards. The Provider Toolkit also supports providers' compliance.
- c. Implemented a new reporting tool for Quality of Care Grievances which allows for better tracking and reporting, as well as improved communication about Quality of Care grievances, our most serious type of complaint.

**F. ENVIRONMENTAL HEALTH AND HAZARDOUS MATERIALS:
ACCOMPLISHMENTS**

1. ENVIRONMENTAL HEALTH

- a. Received approval and funding from the federal Bioterrorism Grant for an additional senior position to work in food and water security. The position will also coordinate with the Division of Emergency Preparedness and Planning and serve as liaison to the Agriculture and Animal Services Departments, addressing public health/bioterrorism.
- b. Completed the conversion to a new data management system that provides comprehensive staff time accounting and financial services for all division programs. A new Programmer Analyst was added to the Information Systems Division to assist with the conversion, program maintenance, and support services for the Hazardous Materials Division.
- c. Organized and produced a medical waste management seminar that was attended by some 200 nurses, doctors, environmental services and other medical staff.
- d. In conjunction with the West County Solid Waste Authority, completed implementation of a collection program for needles or related sharps utilized by home care patients.
- e. Discontinued the provision of a Neighborhood Waste Removal Coordinator position (contract) in North Richmond and added a permanent Environmental Health Technician position that will work in the North Richmond and West County areas in code enforcement for refuse abatement.
- f. Received Board approval for ordinance amendments extending the infraction citation authority to several environmental health programs. Coordination is nearing completion with the courts on bail and court schedules.
- g. Continued providing field inspections and related program coordination to the Tobacco Prevention and Clean Water Programs.
- h. Staff completed additional training in indoor air quality and mold abatement, and the office continues to respond to over 40 mold related inquiries a month. Field inspections of mold and indoor air quality issues are provided at the request of local building departments.
- i. Provided the equivalent of one FTE of permit, inspection and evaluation services in retail foods and pools to fee exempt facilities, including public and private schools.
- j. Initiated publication of a quarterly Division newsletter that is distributed to permit holders, governmental offices, and the general public.

- k. Secured approval for a waste tire removal and State grant support from the Integrated Waste Management Board.

2. HAZARDOUS MATERIALS PROGRAMS

- a. In the last year the Hazardous Materials Programs performed inspections at approximately 900 businesses handling hazardous materials in Contra Costa County.
- b. Under a contract with the County Public Works Department, staff performed Clean Water Program inspections at 160 businesses to assure that the waterways of the County and state were safe from illegal materials disposal.
- c. The Green Business Program has completed a strategic planning year with 22 partner agencies, which has resulted in additional funding, opening the program to all businesses. The total number of certified Green Businesses is now 75.
- d. After 9/11, the Hazardous Materials Programs Incident Response Team (IRT) responded to over 90 “white powder” spills. Working with first responder Police and Fire Agencies, the IRT coordinated the gathering and testing of the materials with the Public Health Communicable Disease Program and the Public Health Laboratory. Preliminary results were determined within 24 hours and feedback was given to the population at risk.
- e. Installed a new data system, developed in cooperation with other CUPA agencies, which will enable the HMP to generate reports required by the State.
- f. Continued an emergency resource assessment of hospitals Countywide to respond to chemical WMD incidents.

G. EMERGENCY MEDICAL SERVICES: ACCOMPLISHMENTS

- 1. Provided ongoing oversight to the Countywide emergency medical services and trauma system, which included some 65,500 responses to emergency medical calls made by County-contracted ambulance services, 479 medical helicopter transports by County-designated air ambulance services, and 773 serious trauma patients treated at John Muir Medical Center, the County-designated trauma center.
- 2. Assisted with the expansion of first responder paramedic services now provided by Moraga-Orinda Fire and San Ramon Valley Fire and, on a partial coverage basis, by Bethel Island Fire, Contra Costa County Fire, and El Cerrito Fire; provided ongoing oversight to the Countywide fire first responder defibrillation program.
- 3. Continued ongoing assistance in quality assurance for Emergency Medical Dispatcher programs operated by the County’s three dispatch centers handling 9-1-1 emergency medical calls, Contra Costa County Fire, San Ramon Valley Fire, and Richmond Police.

4. Continued oversight of the Departmental disaster preparedness programs and participated in Public Health bioterrorism preparedness.
5. Continued sponsorship of the Bay Area Disaster Medical Assistance Team organized under the auspices of the U.S. Public Health Service to provide a rapid medical response to the scene of a disaster anywhere in the United States.
6. Participated in a statewide hospital and ambulance service disaster exercise and conducted a departmental disaster communications exercise.
7. Implemented ReddiNet communications network linking all hospitals and ambulance dispatch centers with EMS and the Sheriff's Communications Center.
8. Conducted an emergency resource assessment of hospitals Countywide.

IV. DEPARTMENT CHALLENGES

A. THE BUDGET

The overarching challenge for this year and the foreseeable future is the budget. Health Services is working diligently to make organizational and system changes to increase efficiency, increase reimbursement and minimize the impact of budget reductions on patient, client and customer services.

B. HIRING SYSTEMS

One challenge of continuing importance is the streamlining of the hiring process for positions that are difficult to fill because of market conditions. We are working with the Human Resources Department and in January 2003, we reassigned a Hospital Nursing Program Manager to focus on Nursing and Professional recruitment. Our ability to compete for personnel who are in short supply throughout the County and region should improve.

C. COMPLIANCE

Federal compliance expectations continue to require substantial staff time in all Divisions. The Health Insurance Portability and Accountability Act (HIPAA) was passed in 1999 to protect health insurance coverage for workers and their families when they change or lose jobs. As part of this new federal law, significant new security and confidentiality requirements have been mandated. The law includes provisions designed to save money in the long run by encouraging electronic transactions, but it also requires new safeguards to protect the security and confidentiality of that information.

We have completed systems changes and are in the midst of revising numerous written policies and conducting Department-wide training of all staff to meet the first HIPAA implementation date of April 2003. Two more HIPAA requirements remain (October 2003 and February 2005) which will require further extensive changes in our information systems and further investments in staff training.

D. CHANGING POPULATION AND DIVERSITY

Since the 1990 Census, the demographics of Contra Costa County have changed significantly. The Department has seen an increase in the diversity of languages and cultures among the patients, clients, customers and communities we serve.

In response to these changing demographics, to staff concerns and to the Institute of Medicine report, *Unequal Treatment*, the Department has adopted a plan to reduce health disparities. The key areas for action are:

- to improve access to our services for people who are not proficient in English,
- to increase the cultural and linguistic competence of staff,
- to have a workforce capable of working effectively with diverse patients, clients, customers and communities, and
- to communicate our plans and progress.

Our plan incorporates federal and state requirements to assure language access. We are completing a detailed analysis of current language issues and will be identifying needs such as staff training, signage, interpretation and written translation.

Reducing Health Disparities is a multi-year, multi-strategy commitment to change. We are focused on maintaining access and quality services while addressing the reality raised up by the Institute of Medicine report – that even in settings where providers and programs are clearly dedicated to providing the best care for everyone, race seems to predict who will have less access and poorer outcomes. This report was a wake-up call to us that, despite our best intentions, a planned and thorough analysis of our system was critical to overcoming health disparities.

E. BIOTERRORISM PREPAREDNESS

Bioterrorism preparedness will continue to be a pressing issue. The Contra Costa Regional Medical Center has revised its Bioterrorism Plan to address the threat of biological or other threats. In conjunction with the Public Health Department, CCRMC is participating in the Smallpox Vaccination Program as outlined by the California Department of Health Services.

The Public Health Division is implementing an extensive bioterrorism preparedness program, supported by new federal funding. Activities include response planning, surveillance and epidemiology, increasing our Public Health Laboratory capacity, and increasing public information about bioterrorism and staff training. These activities are strengthening our ability to respond to all kinds of emergencies because they are building the knowledge and awareness of staff and the public, and improving the capacity of our systems to respond.

The challenges in our bioterrorism work are twofold – to stay responsive to changing policies and state and federal expectations, while maintaining the quality and effectiveness of our ongoing Public Health programs and services. The new bioterrorism funding is an important investment in infrastructure, but it does not increase resources for basic public health services, nor does it replace funding which is lost to budget reductions.

V. PERFORMANCE INDICATORS

A. HOSPITAL & HEALTH CENTERS

This division has developed multiple indicators and outcomes to monitor and improve quality and patient satisfaction. Some are determined by regulatory agencies, such as the State Department of Health Services Licensing Division, and the Joint Commission of Accreditation of Healthcare Organizations.

1. CONTRA COSTA REGIONAL MEDICAL CENTER

a. *Average Daily Census By Service Type*

	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003</i>
Medical/Surgical	78	79	78
Psych	43	42	41
Nursery	11	11	13

b. *Average Length of Stay By Service Type (Days)*

	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003</i>
Med/Surg/Ob Units	4.23	4.18	3.95
Psychiatric Units	13.08	12.34	11.43
Nursery	2.50	2.57	2.46

c. *Emergency Department Activities*

<i>Type of Visit (% of visits)</i>	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003</i>
Average Visits Per Month	2,951	2,878	3,112
Acuity Level 1 – Critical	3.77%	3.29%	3.11%
Acuity Level 2 – Emergent	26.1%	26.28%	30.92%
Acuity Level 3 – Urgent	64.4%	65.54%	63.50%
Acuity Level 4 – Non-Urgent	5.71%	3.89%	2.47%
Left Without Being Seen	3.50%	5.22%	4.42%

2. CONTRA COSTA HEALTH CENTERS

a. *Outpatient Combined Medical Visits by Location*

<i>Monthly Average Visits</i>	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003</i>
Central County	9,453	9,696	9,992
East County	7,221	7,422	8,163
West County	6,901	6,763	7,305
Emergency Department	2,827	2,878	3,063
Total (FY monthly average)	26,402	26,759	28,572

b. *Outpatient Combined Mental Health Visits*

<i>Monthly Average Visits</i>	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003</i>
Total (FY monthly average)	25,528	28,980	33,199

B. MENTAL HEALTH

The Mental Health Division has adopted the following indicators which can be tracked over time and which are good measures of performance. Most have just been adopted this year, so data will start being available for reporting next year.

1. CHILDREN'S MENTAL HEALTH

- a. Decrease lengths of stay in hospitals as measured by Children's Mental Health data.
- b. Decrease in number of children hospitalized post-discharge, as a result of Mobile Response Team.

2. ADULT MENTAL HEALTH

- a. Increase coordination with law enforcement entities to provide more effective and efficient treatment to mentally ill clients. Measured by number of interactions, meetings, and coordinated activities with law enforcement agencies
- b. Utilization Measures

	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003</i>
Average Annual Number of Patient Days in IMD Beds	34,904	35,189	33,600
Average Daily Census in State Hospitals	7.1	7.1	8.6

3. CARE MANAGEMENT SERVICES

- a. Provide mandated HIPAA training to all Division staff by April 2003.
- b. Implement all newly mandated changes in the authorization review processes for Day Treatment and Therapeutic Behavioral Services.
- c. Implement centralized financial screening of all new mental health consumers with consequent reduction in non-Contra Costa Medi-Cal and non-reimbursing private health insurance.

C. PUBLIC HEALTH

Public Health evaluates performance by looking at community health indicators such as infant mortality, utilization of early prenatal care, and tuberculosis rates. Clinical Services are evaluated by process measures including number of clients served, cost per unit of service, and staff productivity measures. The Public Health Data and Evaluation Unit has

been charged with developing more targeted outcome evaluations of Public Health programs, especially Family, Maternal, and Child Health programs and the County's programs serving people who are homeless.

1. COMMUNICABLE DISEASES

<i>Immunization</i>	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003</i>
Percentage of children in CCHP who are immunized by age two for measles, mumps, rubella, diphtheria, tetanus, pertussis and polio	51.8%	65.4%	70.3%
Percentage of children in the County who are immunized by age two for measles, mumps, rubella, diphtheria, tetanus, pertussis and polio. (Measured by random review of kindergarten records.)	70.5%	79%	79.2%
Average percentage of children seen in Public Health Clinics who are fully immunized by age three	82.6%	86.7%	90.2%
Number of cases among children Countywide of preventable childhood diseases	10	12	12*

* Note: All of these were pertussis cases, the majority of which were in infants too young to have completed the full vaccine series. Since the implementation of Hib vaccine in the early 90's, the number of H flu meningitis cases in children in the County has dropped to zero.

<i>Disease Incidence Rates (per 100,000)</i>	<i>Fiscal Year 2000-2001*</i>	<i>Fiscal Year 2001-2002</i>	<i>YTD Actual Fiscal Year 2002-2003**</i>
Tuberculosis	9.7	9.0	7.1
AIDS	7.6	5.7**	7.7
Chlamydia	232	229	242
Gonorrhea	68.2	66.9	69.5
Nongonococcal Urethritis (NGU)	3.0	2.8	3.1
Syphilis (All cases except "late latent")	.3	2.3	2.1

* Population estimate for FY 2000-2001 is 948,816.
Population estimate for FY 2001-2002 is 960,000.
Population estimate for FY 2002-2003 is 977,000

** Based on projected number of cases.

2. COMMUNITY WELLNESS & PREVENTION

<i>Tobacco Prevention Project</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>
Youth (12-17) smoking rate *	6.9	7.1	5.9
Adult smoking rate **	18.7	17.2	17.4

* Source: California Youth Tobacco Survey, 1994 – 2002, conducted and analyzed by the California Department of Health Services, Cancer Surveillance Unit. A telephone survey is conducted annually. Its advantage is that it provides representative state level data. The California Tobacco Control Program uses it as the source for the official youth prevalence rate. Its main disadvantage is that telephone surveys produce a youth smoking prevalence rate less than half that produced from in-school surveys.

** Source: Centers for Disease Control and Prevention - Telephone survey of adults 18 and older. *Comparable data from the state was not available.*

Note: CW&PP is working with the Contra Costa County Office of Education to obtain local smoking rates from the Healthy Kids Survey. In 2001, one Contra Costa school district reported a 26% smoking rate among 11th graders.

3. FAMILY, MATERNAL, AND CHILD HEALTH

<i>Children</i>	<i>2001</i>	<i>2002</i>	<i>Estimated 2003</i>
Women, Infants, and Children's Program (WIC) Average Number of Vouchers Issued per month	15,984	16,501	16,684
Percentage of first grade children receiving School Entrance Health Examinations	95.5%	95%	96.5%

<i>Perinatal</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>
Infant Mortality Rate	5.9	5.3	4.8
First Trimester Entry into Prenatal Care	87.8%	89.0%	90.1%*

* For the year 2000, Contra Costa County had the highest percentage of First Trimester Entry into Prenatal Care in the State of California.

<i>Vehicle Occupants Under the Age of Four*</i>	<i>1999-2000</i>	<i>2000-2001*</i>
Fatalities	0	
Severe Injuries	1	
Visible Injuries	94	
Complaints of Pain	123	

* Data for 2000-2001 is not yet available.

<i>Healthy Family Participation</i>	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>Estimated Fiscal Year 2002-2003</i>
Healthy Family Average Monthly Enrollment	1,440	1,966	3,656

4. CLINIC SERVICES

	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>Estimated Fiscal Year 2002-2003</i>
Public Health Clinic Services Average Client Encounters per month	1,182	1,116	1103

5. SENIOR NUTRITION

	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>Estimated Fiscal Year 2002-2003</i>
Senior Nutrition Program Meals Served per month	34,136	36,949	36,885

D. ALCOHOL AND OTHER DRUGS SERVICES

1. LENGTH OF RETENTION FOR PATIENTS IN TREATMENT

<i>Average Length of Stay (Days)</i>	<i>2000-2001</i>	<i>2001-2002</i>	<i>Estimated 2002-2003</i>
Day Treatment	69	66	58
Methadone Maintenance	120	294	578
Outpatient Treatment	77	102	111
Residential Detoxification	4	4	5
Residential Treatment	64	67	60

2. THE NUMBER OF YOUTH/PATIENTS RECEIVING PREVENTION AND TREATMENT SERVICES

<i>Youth Access to Services</i>	<i>2000-2001</i>	<i>2001-2002</i>	<i>Estimated 2002-2003</i>
Youth [12-18] Tx Admits	578	628	587*
Youth [13-18] Prevention Participants	10,405	13,482	9,240**

* Reduced Youth Services funding resulted in corresponding reduction in capacity in FY 2002-2003

** Reduced Youth Prevention Services figures in FY 2002-2003 reflect the restructuring of prevention services, where more intensive services were dedicated to high-risk youth.

3. CLIENT SATISFACTION

<i>Client Satisfaction</i>	<i>2000-2001</i>	<i>2001-2002</i>	<i>Estimated 2002-2003</i>
Overall Satisfaction	92%	86%	93%
Perceived Quality	82%	78%	81%
Outcomes	64%	62%	73%

4. CONTINUED DEVELOPMENT OF INTER AND INTRA DEPARTMENTAL COLLABORATIVE EFFORTS.

- a. Currently in the process of developing an ***Inventory Grid*** which will measure this performance item.

E. CONTRA COSTA HEALTH PLAN

1. ENROLLMENT

	<i>May 2001</i>	<i>May 2002</i>	<i>Estimated May 2003</i>
AFDC Medi-Cal	36,078	36,905	37,000
Cross Over (Medi-Cal and Medicare)	326	302	300
Other Medi-Cal	3,306	4,107	4,200
Senior Health	356	785	700
Basic Adult Care	3,387	2,230	3,500
AIM/MRMIP/Healthy Families	1,793	2,320	2,600
Commercial Members	9,969	11,539	11,700
Total	55,215	58,188	60,000

2. MEDI-CAL HEDIS RATE FOR PRENATAL CARE

This measures the number of women who obtain care in their first trimester of pregnancy

- a. The 2002 rate is significantly higher than the minimum performance level requirement established by DHS and is comparable to the Medi-Cal 90th percentile benchmark.

	2000	2001	2002
Medi-Cal HEDIS rate for Prenatal Care	76%	82%	84%

3. MEDI-CAL IMMUNIZATION RATE FOR TWO-YEAR-OLDS, COMBINATION 2

This measures the number of children who received their Combination 2 immunizations in a timely manner, according to guidelines.

- a. This rate places the County's services higher than the national Medicaid 90th percentile benchmark and greatly exceeds performance level requirement established by DHS.

	2000	2001	2002
Medi-Cal Immunization Rate for Two-year-olds, Combination 2	52%	65%	69%

4. ASTHMA SURVEY

The FACCT Asthma Survey measures A3-Peak Flow Meter Use, which is a measure that is calculated for adult members with asthma who have peak flow meters.

- a. CCHP has decided to utilize a different quality of life measurement tool starting April 2003. This new tool, called ITG Asthma Short Form, will allow a more comprehensive assessment of quality of life factors specifically related to asthma for both adults and children.

	1999	2001	2002
FACCT Asthma Survey	44.6%	55.1%	58.6%

5. HEALTHY FAMILIES CAHPS SURVEY – SATISFACTION WITH CUSTOMER SERVICE

This area of the survey measures the satisfaction of members who call the Customer Service Unit. This survey is annual and is consistently distributed by the end of February. Respondents are from our Healthy Families population (chart next page).

<i>Healthy Families CAHPS Survey</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
CCHP Healthy Families Program	70.6%	76.7%	80.0%
Healthy Families Statewide Average	68.1%	73.4%	78.2%

F. ENVIRONMENTAL HEALTH & HAZARDOUS MATERIAL PROGRAMS

1. CONTRA COSTA ENVIRONMENTAL HEALTH

<i>Performance Indicator</i>	<i>Goal</i>	<i>Estimated Fiscal Year 2002-2003</i>
Percentage of restaurants inspected 3 or more times	93%	25%*
Percentage of retail markets inspected 2 or more times	90%	40%*
Percentage of pools and spas inspected 2 or more times	85%	33%*
Percentage of small water systems complying with state regulations	100%	100%
Percentage of solid waste facilities complying with state regulations	100%	100%
Percentage of facilities complying with medical waste regulations	100%	100%
Percentage of retail food plan reviews completed within 20 days of submission	95%	100%
Percentage of pool/spa plan reviews completed within 20 days of submission	98%	100%
Percentage of nuisance abatement service requests investigated within 4 days of receipt	90%	90%

* Based on extrapolation of six months data in the converted data management system; actual fiscal year percentages should be higher.

2. CONTRA COSTA HAZARDOUS MATERIALS PROGRAM

<i>ACTIVITY / INSPECTIONS (Number Performed)</i>	<i>Fiscal Year 2001-2002</i>	<i>Estimated Fiscal Year 2002-2003</i>
Business Plan	1185	580
Underground Storage Tank	573	384
Hazardous Waste Generator	846	618
Clean Water	98	115
Response to Incidents	247	163
Complaints Received and Investigated	149	163
Notifications Received From Industries	454	507
CAL/ARPP Audits	15	22

G. EMERGENCY MEDICAL SERVICES

Statistics are monitored in a number of areas: ambulance services and air ambulance services (response/transportation times, and levels and quality of service provided); trauma care services (appropriate use of trauma center, trauma care); hospital resources (bed availability); and first responder defibrillation program (patient lives saved). Utilization statistics and trends, including number of ambulances dispatched, average response times, patients transported, patients receiving specialty trauma care, and defibrillation saves are compiled for each area on a regular basis to evaluate performance and to identify any areas for increased attention.

<i>ACTIVITIES</i>	<i>Fiscal Year 1999-2000</i>	<i>Fiscal Year 2000-2001</i>	<i>Fiscal Year 2001-2002</i>	<i>Estimated Fiscal Year 2002-2003</i>
Ambulance Services Total Units Dispatched	57,568	61,531	64,391	65,459
Air Ambulance Services Patient Transport	400	380	428	479
Trauma Services Critical trauma patients transported	1,025	983	984	1,077
First Responder Defibrillation Provided	130	80	Not Available	Not available at this time

CONTRA COSTA HEALTH SERVICES



